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ON PREMISES LICENSE RENEWAL APPLICATION

	CITY OR TOWN DARTMOUTH
APPLICATION FOR RENEWAL: Annual	LICENSED FOR 2013
CLASS	YEAR
LICENSEE NAME: PORTUGUESE AMERICAN SOCIA INC.	L CLUB OF DARTMOUTH,
DOING BUSINESS A	
ADDRESS 26 COLUMBUS ST	
CITY/TOWN: DARTMOUTH STATE: MA	ZIP CODE: 02748
MANAGER: Williams, Edward G. TYPE OF LICENSE: C	Club CATEGORY: All Alcohol
EMAIL ADDRESS:	
PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS
DESCRIPTION OF LICENSED PREMISES:	
2. the licensee has complied with all laws of the Corp 3. the premises are now open for business (If not exp SIGNED BY Individual, Partner or Authorized Corp	plain below)
DATE: TELEPHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)
DATE: TELEPHONE NUMBER: We the undersigned, attest that we are in possession (1) to Acts of 2004, signed by the building inspector and the he named license and (2) the certificate of liquor liability insof 2010.	(Note: <u>NOT</u> Individual Social Security Number) the certificate required by Chapter 304 of the ad of the fire department for the above
We the undersigned, attest that we are in possession (1) the Acts of 2004, signed by the building inspector and the hemamed license and (2) the certificate of liquor liability insof 2010. Please Check Below:	(Note: <u>NOT</u> Individual Social Security Number) the certificate required by Chapter 304 of the ad of the fire department for the above
We the undersigned, attest that we are in possession (1) to Acts of 2004, signed by the building inspector and the he named license and (2) the certificate of liquor liability ins of 2010. Please Check Below: APPROVED:	(Note: NOT Individual Social Security Number) the certificate required by Chapter 304 of the ad of the fire department for the above surance required by Chapter 116 of the Acts
We the undersigned, attest that we are in possession (1) to Acts of 2004, signed by the building inspector and the he named license and (2) the certificate of liquor liability ins of 2010. Please Check Below: APPROVED: DISAPPROVED:	(Note: NOT Individual Social Security Number) the certificate required by Chapter 304 of the ad of the fire department for the above surance required by Chapter 116 of the Acts LOCAL LICENSING AUTHORITY
We the undersigned, attest that we are in possession (1) to Acts of 2004, signed by the building inspector and the he named license and (2) the certificate of liquor liability ins of 2010. Please Check Below: APPROVED:	(Note: NOT Individual Social Security Number) the certificate required by Chapter 304 of the ad of the fire department for the above surance required by Chapter 116 of the Acts LOCAL LICENSING AUTHORITY
We the undersigned, attest that we are in possession (1) to Acts of 2004, signed by the building inspector and the he named license and (2) the certificate of liquor liability ins of 2010. Please Check Below: APPROVED: DISAPPROVED:	(Note: NOT Individual Social Security Number) the certificate required by Chapter 304 of the ad of the fire department for the above surance required by Chapter 116 of the Acts LOCAL LICENSING AUTHORITY



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	1266000005		CITY OR TO	JWN DAKIMO	UIH
APPLICATION FOR F	RENEWAL:	Annual	L	ICENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: (COVA CORP.				
DOING BUSINESS A	MILLER'S HOM	EPORT			
ADDRESS 24 COVE I	RD.				
CITY/TOWN: DART	MOUTH	STATE: MA	ZIP COD	DE: 02748	
MANAGER: FIDAL	GO,Jack M. TY	PE OF LICENSE: R	estaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:	-	-			
PLI	EASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR	EMAIL ADDRESS		_
DESCRIPTION OF LI					
ONE STORY BLDG V RESTROOMS,PATRO	ONS AREA ON G	ROUND FLOOR. L	OUNGE W/ SI		
DINNER SEATING FO			PREP.		
I hereby certify and swe	-	the same type for th	e same nremise	es now licensed:	
		all laws of the Com	-		
	-	business (If not exp		ting to takes, and	
SIGNED BY					
]	Individual, Partner	r or Authorized Corp	orate Officer		
DATE:	TELEPHON	IE NUMBER:		LOYER IDENTIFICAT	
			(Note: <u>N</u>	OT Individual Social S	Security Number)
We the undersigned, Acts of 2004, signed to named license and (2) of 2010.	y the building in	spector and the hea	ad of the fire d	epartment for the	above
Please Check Below:			LOCAL LI	CENSING AUTH	ORITY
APPROVED:	_		By:		
DISAPPROVED:					
(If disapproved explain)		-		
DATE:					
					



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LICENSE NU	MBER: 026600006		CITY OR TO	WN DARTMC	DUTH
APPLICATIO	N FOR RENEWAL:	Annual	LI	CENSED FOR 2	2013
		CLASS			YEAR
LICENSEE NA	AME: VETERANS O	F FOREIGN WARS	DARTHMOUTH		
DOING BUSI	NESS A MEMORIAL	POST #9059 OF THI	E U.S., INC.		
ADDRESS 14	4 CROSS RD.				
CITY/TOWN:	DARTMOUTH	STATE: M	A ZIP CODI	E: 02747	
MANAGER:	NOMORE, DONALD	ΓΥΡΕ OF LICENSE:	Veterans club	CATEGORY:	All Alcohol
EMAIL ADDI	RESS:				
	PLEASE ALSO VISIT OU	UR WEBSITE AND ENTER YOU	R EMAIL ADDRESS		_
	N OF LICENSED PRE				
	D FOR DANCING . T TABLES WITH CHA		TE FROM THE I	HALL. THERE A	ARE
I hereby certify	y and swear under penal	ties of perjury that:			
1. the	renewed license will be	of the same type for	the same premises	now licensed;	
2. the	licensee has complied v	with all laws of the Co	mmonwealth relat	ing to taxes; and	
3. the	premises are now open	for business (If not ex	(plain below)		
SIGNED BY					
	Individual, Part	tner or Authorized Co	rporate Officer		
D					
DATE:	TELEPH	ONE NUMBER:		OYER IDENTIFICA	
			(Note. <u>140</u>	<u>OT</u> Individual Social	Security Number)
Acts of 2004,	rsigned, attest that we signed by the building	g inspector and the h	ead of the fire de	partment for the	e above
of 2010.	e and (2) the certificate	e of inquor nability if	isurance required	1 by Chapter 11	o of the Acts
Please Check Belo	ow:		LOCAL LIC	CENSING AUTH	IORITY
APPROVED:			By:		
DISAPPROVI					
(If disapproved	d explain)				
			-		
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 026600008		CIT	TY OR TOW	N DARTMO	UTH
APPLICATION FO	R RENEWAL:	Annu	al	LICE	ENSED FOR 20	013
		CLAS	SS			YEAR
LICENSEE NAME:	: IDOS, INC.					
DOING BUSINESS	S A CAPE QUALITY	SEAFOOD R	ESTAURA	ANT		
ADDRESS 657 DA	RTMOUTH ST					
CITY/TOWN: DA	RTMOUTH	STATE:	MA	ZIP CODE:	02748	
	RREIRA, TYPI LINA	E OF LICEN	SE:Restaur	ant	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS	:					
	PLEASE ALSO VISIT OUR WEE	BSITE AND ENTER	YOUR EMAIL A	ADDRESS		_
DESCRIPTION OF	LICENSED PREMISI	ES:				
	DING WITH 2 ENTR AND CHAIRS. NO B					
I hereby certify and	swear under penalties of	of perjury tha	t:			
	wed license will be of the			_		
	see has complied with a				g to taxes; and	
3. the prem	ises are now open for b	ousiness (If no	ot explain b	elow)		
-						
SIGNED BY	Individual, Partner of	or Authorized	Corporate	Officer		
DATE:	TELEPHONE	E NUMBER:		EMPLOY	YER IDENTIFICAT	ION NUMBER:
				(Note: NOT	Individual Social S	ecurity Number)
Acts of 2004, signe	ed, attest that we are i ed by the building insp (2) the certificate of l	pector and th	e head of	the fire depa	rtment for the	above
Please Check Below:			L	OCAL LICE	NSING AUTHO	ORITY
APPROVED:			В	y:		
DISAPPROVED:						
(If disapproved expl	lain)		_			
			_			
DATE:			_			



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LICENSE NUMBER: 026	600009		CI	IY OK IOW	N DAKTMO	UIH
APPLICATION FOR REI	NEWAL:	Annu	al	LIC	ENSED FOR 2	013
		CLAS	SS			YEAR
LICENSEE NAME: NE DOING BUSINESS A ADDRESS 208 ELM ST	W BEDFORD YA	CHT CLU	В			
CITY/TOWN: DARTMO	OUTH	STATE:	MA	ZIP CODE:	02748	
MANAGER: SAMS,MA				211 0002.	CATEGORY:	All Alcohol
DESCRIPTION OF LICE 2 STORY WOOD FRAM OFFICE,LOUNGE,LOBE LOUNGE,KITCHEN, BA ROOM, REST ROOMS & I hereby certify and swear	E BLDG WITH F BY, SMALL KITC R AND STORAG ADJOINING DE under penalties of tense will be of the s complied with all	S: ULL BASE THEN, MEN THE. SOUTH THECK ON W The perjury that The same type I laws of the	EMENT. 1; V'S AND I WING CO EST SIDE t: for the sar	ST FLR; CLU ADIES RES' ONSISTS OF WEST LAV ne premises n	T ROOMS. 2NIF OFFICES ME FOFFICES ME WN FUNCTION Now licensed;	ETING
SIGNED BY	ividual, Partner or	Authorized	l Corporat	e Officer		
DATE:	TELEPHONE I	NUMBER:			YER IDENTIFICA	
We the undersigned, att Acts of 2004, signed by t named license and (2) th of 2010.	the building inspe	ctor and th	ne head of	the fire depa	artment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)				LOCAL LICE By:	ENSING AUTH	ORITY
DATE:						
APPLICATION FOR RENEWAL M	UST BE FILED BY LICE	NSEES DURIN	G THE MONT	H OF NOVEMBE	R (M.G.L. Ch. 138 \$ 1	6A)



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LICENSE NUMBER	R: 026600011		CITY (OR TOWN	DARTMOU	JTH		
APPLICATION FOR	R RENEWAL:	Annual LICENSED FOR 2013						
		CLASS	}		,	YEAR		
LICENSEE NAME:	STACKHOUSE FAI	R GROUNDS	CLUB INC.					
DOING BUSINESS	A							
ADDRESS 16 FAIT	H ST.							
CITY/TOWN: DAI	RTMOUTH	STATE:	MA ZIF	P CODE:	02748			
MANAGER: COS	TA, JOHN L. TYPE	OF LICENSI	E:Club	CA	ATEGORY:	All Alcohol		
EMAIL ADDRESS:								
	PLEASE ALSO VISIT OUR WEBS	SITE AND ENTER YO	OUR EMAIL ADDR	RESS				
DESCRIPTION OF	LICENSED PREMISE	ES:						
ROOM, STORAGE	OM ON GROUNDS, I ON 1ST FLOOR ALO HAIRS IN THE BAR.							
I hereby certify and s	swear under penalties o	f perjury that:						
	ved license will be of th		_					
	ee has complied with a			_	taxes; and			
3. the premi	ses are now open for b	usiness (If not	explain belov	w)				
SIGNED BY	Individual, Partner o	r Authorized (Corporate Off	ficer				
DATE:	TELEPHONE	NI IMRED:	L	EMPLOYER	IDENTIFICAT	ION NUMBER:		
	TEELI HONE	NOWIDER.	(N	Note: NOT Indi	ividual Social Se	ecurity Number)		
Acts of 2004, signed	d, attest that we are ind by the building insp (2) the certificate of li	ector and the	head of the	fire departn	nent for the	above		
Please Check Below:			LOC	AL LICENS	ING AUTHO	ORITY		
APPROVED:			By:					
DISAPPROVED:								
(If disapproved explain	aın)							
DATE:								



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LICENSE NUM	IBER: 026600013		CITY OR TOWN	DARTMOUTH	
APPLICATION	FOR RENEWAL:	Annual	LICEN	SED FOR 2013	
		CLASS		YEA	AR
LICENSEE NA DOING BUSIN	ME: 99 RESTAURANT ESS A	OF BOSTON, LLC			
ADDRESS 161	FAUNCE CORNER RD.				
CITY/TOWN:	DARTMOUTH	STATE: MA	ZIP CODE:	02747	
MANAGER:	LOMBARD, LYNN TYPI	E OF LICENSE:Re	staurant C.	ATEGORY: All	Alcohol
EMAIL ADDRI	ESS:				
	PLEASE ALSO VISIT OUR WEI	BSITE AND ENTER YOUR E	MAIL ADDRESS		
WOOD FRAME LOUNGE,SEAT BACK OF BUIL	OF LICENSED PREMISI E BLDG. TWO ENTRANC FING AT THE BAR FOR LDING. WALK IN COOL UOR ROOM, DRY GOOI	CES AND ONE EX 35, AND 49 BOOT ERS,FREEZERS A	THS. FOOD PREP A ND CHEST. 2ND F	ND STORAGE I	N
I hereby certify	and swear under penalties of	of perjury that:			
	enewed license will be of the	• •	•		
	censee has complied with a		· ·	o taxes; and	
3. the p	remises are now open for b	ousiness (If not expl	ain below)		
SIGNED BY	Individual, Partner o	or Authorized Corp	orate Officer		
DATE:	TELEPHONE	NUMBER:		R IDENTIFICATION I	
			(Note: NOT Inc	lividual Social Securit	y Number)
Acts of 2004, si	igned, attest that we are i igned by the building insp and (2) the certificate of I	pector and the hea	d of the fire depart	ment for the abo	ve
Please Check Below	<u>v:</u>		LOCAL LICENS	SING AUTHORIT	Υ
APPROVED:			By:		
DISAPPROVEI (If disapproved					
(11 disapproved)	Capiani)				
DATE:					
			<u> </u>		



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00014		C	CITY OF	R TOW	'N I	DARTM	иοι	TH
WAL:	Annu	al		LICI	ENSE	D FOR	R 20	13
	CLAS	SS					,	YEAR
GIOTIS SAKE	LLAROPC	ULOS						
MY'S PIZZA								
ORNER RD.								
TH	STATE:	MA	ZIP (CODE:		02747		
OPOUL TYPE IOTIS	OF LICEN	SE:Resta	urant		САТ	EGOR	Y:	Wine and Malt Regular
LSO VISIT OUR WEBS!	ITE AND ENTER	YOUR EMA	IL ADDRES	S				
SED PREMISES	S:							
) SERVING AR MS	EA. 3 BAT	HROOM	IS. THE	RE IS	A CC	UNTE	R	
der penalties of	perjury tha	t:						
se will be of the	same type	for the sa	me pren	nises n	ow lie	ensed;		
omplied with all	l laws of the	e Commo	nwealth	relatin	g to t	axes; aı	nd	
now open for bu	siness (If no	ot explair	below)					
dual, Partner or	Authorized	l Corpora	ite Offic	er				
TELEPHONE 1	NUMBER:							
			(1101	o. <u>140 1</u>	marvi	duai boci	iai Sc	curry (vanioer)
building inspe	ector and th	ne head o	of the fir	e depa	artme	nt for 1	the a	above
			LOCAI	LICE	NSIN	IG AUT	ГНС	RITY
			By:					
			-					
			-					
	AGIOTIS SAKEMY'S PIZZA ORNER RD. OTH OPOUL TYPE IOTIS SO VISIT OUR WEBS SED PREMISE: O SERVING ARMS der penalties of the omplied with almow open for but dual, Partner or TELEPHONE I	CLASSIGIOTIS SAKELLAROPO MY'S PIZZA PRNER RD. TH STATE: OPOUL TYPE OF LICENTIOTIS SO VISIT OUR WEBSITE AND ENTER SED PREMISES: D SERVING AREA. 3 BATMS Ider penalties of perjury that se will be of the same type omplied with all laws of the now open for business (If no dual, Partner or Authorized) TELEPHONE NUMBER: It that we are in possession to building inspector and the same type of the	CLASS AGIOTIS SAKELLAROPOULOS MY'S PIZZA ORNER RD. TH STATE: MA OPOUL TYPE OF LICENSE: Resta IOTIS SO VISIT OUR WEBSITE AND ENTER YOUR EMA SED PREMISES: O SERVING AREA. 3 BATHROOM MS Ider penalties of perjury that: se will be of the same type for the sa complied with all laws of the Commo now open for business (If not explain dual, Partner or Authorized Corpora TELEPHONE NUMBER:	CLASS AGIOTIS SAKELLAROPOULOS MY'S PIZZA ORNER RD. TH STATE: MA ZIP O OPOUL TYPE OF LICENSE: Restaurant IOTIS SO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS SED PREMISES: O SERVING AREA. 3 BATHROOMS. THE MS deer penalties of perjury that: se will be of the same type for the same prer complied with all laws of the Commonwealth how open for business (If not explain below) dual, Partner or Authorized Corporate Office TELEPHONE NUMBER: TELEPHONE NUMBER: TELEPHONE NUMBER: TELEPHONE NUMBER: TELEPHONE NUMBER: LOCAI	CLASS AGIOTIS SAKELLAROPOULOS MY'S PIZZA ORNER RD. TH STATE: MA ZIP CODE: OPOUL TYPE OF LICENSE: Restaurant IOTIS SO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS SED PREMISES: O SERVING AREA. 3 BATHROOMS. THERE IS MS Ider penalties of perjury that: se will be of the same type for the same premises nomplied with all laws of the Commonwealth relating now open for business (If not explain below) dual, Partner or Authorized Corporate Officer TELEPHONE NUMBER: EMPLOY (Note: NOT) that we are in possession (1) the certificate required in the same of liquor liability insurance required in LOCAL LICE	CLASS AGIOTIS SAKELLAROPOULOS MY'S PIZZA ORNER RD. TH STATE: MA ZIP CODE: OPOUL TYPE OF LICENSE: Restaurant CAT IOTIS SO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS SED PREMISES: O SERVING AREA. 3 BATHROOMS. THERE IS A CO MS Ider penalties of perjury that: se will be of the same type for the same premises now lice complied with all laws of the Commonwealth relating to the same open for business (If not explain below) dual, Partner or Authorized Corporate Officer TELEPHONE NUMBER: EMPLOYER IN (Note: NOT Indivi- that we are in possession (1) the certificate required by Checken and the head of the fire department of the certificate of liquor liability insurance required by Checken and the head of the fire department of the certificate of liquor liability insurance required by Checken and the head of the fire department of the certificate of liquor liability insurance required by Checken and the head of the fire department of the certificate of liquor liability insurance required by Checken and the head of the fire department of the certificate of liquor liability insurance required by Checken and the head of the fire department of the certificate of liquor liability insurance required by Checken and the head of the fire department of the certificate of liquor liability insurance required by Checken and the head of the fire department of the certificate of liquor liability insurance required by Checken and the head of the fire department of the certificate of liquor liability insurance required by Checken and the head of the fire department of the certificate of liquor liability insurance required by Checken and the head of the fire department of the certificate of liquor liability insurance required by Checken and the liquor l	CLASS CGIOTIS SAKELLAROPOULOS MY'S PIZZA RENER RD. TH STATE: MA ZIP CODE: 02747 OPOUL TYPE OF LICENSE: Restaurant CATEGOR HOTIS SO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS SED PREMISES: D SERVING AREA. 3 BATHROOMS. THERE IS A COUNTE MS deer penalties of perjury that: se will be of the same type for the same premises now licensed; omplied with all laws of the Commonwealth relating to taxes; and ow open for business (If not explain below) dual, Partner or Authorized Corporate Officer TELEPHONE NUMBER: EMPLOYER IDENTIFIC (Note: NOT Individual Social that we are in possession (1) the certificate required by Chapter that we are in possession (1) the certificate required by Chapter that we are in possession (1) the certificate required by Chapter that we are in possession (1) the certificate required by Chapter LOCAL LICENSING AUTHORS (LICENSING AUTHORS).	CLASS GGIOTIS SAKELLAROPOULOS MY'S PIZZA ORNER RD. TH STATE: MA ZIP CODE: 02747 OPOUL TYPE OF LICENSE: Restaurant CATEGORY: 100TIS SO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS SED PREMISES: D SERVING AREA. 3 BATHROOMS. THERE IS A COUNTER MS deer penalties of perjury that: se will be of the same type for the same premises now licensed; omplied with all laws of the Commonwealth relating to taxes; and now open for business (If not explain below) dual, Partner or Authorized Corporate Officer TELEPHONE NUMBER: EMPLOYER IDENTIFICATI (Note: NOT Individual Social Section of the fire department for the expertificate of liquor liability insurance required by Chapter 116 LOCAL LICENSING AUTHO



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LICENSE NUMBER: 026600020)	CITY OR TOWN DARTMOUT	H
APPLICATION FOR RENEWAL	L: Annual	LICENSED FOR 2013	
	CLASS	YE	EAR
LICENSEE NAME: SMUSERV	/ INC.		
DOING BUSINESS A UNIV. O	F MASS., AT DARTMOUT	Н	
ADDRESS OLD WESTPORT R	D.		
CITY/TOWN: DARTMOUTH	STATE: MA	ZIP CODE: 02747	
MANAGER: AUGUSTINE, JEFFREY S.	TYPE OF LICENSE: CI	ub CATEGORY: A	ll Alcohol
EMAIL ADDRESS:			
DESCRIPTION OF LICENSED	SIT OUR WEBSITE AND ENTER YOUR E PREMISES:	MAIL ADDRESS	
2. the licensee has compl	ill be of the same type for the	e same premises now licensed; monwealth relating to taxes; and ain below)	
SIGNED BY Individual,	, Partner or Authorized Corp	orate Officer	
DATE: TEL	EPHONE NUMBER:	EMPLOYER IDENTIFICATION (Note: NOT Individual Social Secur	
Acts of 2004, signed by the buil	ding inspector and the hea	ne certificate required by Chapter 3 d of the fire department for the ab urance required by Chapter 116 of	ove
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUTHORI By:	ITY
DATE:			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 020	6600023		CITY OR IC	JWN DARTMO	UIH
APPLICATION FOR RE	NEWAL:	Annual	L	ICENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: NI	CHOLAS P. SIDI	ERIS			
DOING BUSINESS A F	RIENDLY PIZZA	A			
ADDRESS 216 RUSSEL	LS MILLS				
CITY/TOWN: DARTM	OUTH	STATE: MA	ZIP COD	DE: 02748	
MANAGER:	TYPE	E OF LICENSE: Res	staurant	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
PLEAS	SE ALSO VISIT OUR WEB	SITE AND ENTER YOUR EM	MAIL ADDRESS		_
DESCRIPTION OF LICE	ENSED PREMISE	ES:			
1 DINING ROOM, 1 SEI FRONT OF SELF SERV BACK OF KITCHEN. D	ICE AREA. ONE	EXIT ON SIDE O	F DINING RC	OOM AND ONE E	
I hereby certify and swear	r under penalties o	of perjury that:			
1. the renewed li	cense will be of th	ne same type for the	same premises	s now licensed;	
2. the licensee ha	as complied with a	all laws of the Comn	nonwealth rela	iting to taxes; and	
3. the premises a	re now open for b	usiness (If not expla	ain below)		
SIGNED BY					
Inc	dividual, Partner o	or Authorized Corpo	rate Officer		
DATE:	TELEPHONE	NUMBER:	LOYER IDENTIFICAT		
			OT Individual Social S	Security Number)	
We the undersigned, at Acts of 2004, signed by named license and (2) the of 2010.	the building insp	ector and the head	l of the fire de	epartment for the	above
Please Check Below:			LOCAL LI	CENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain)					
DATE:					
DATE.					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 026	5600025		CITY OF	R TOWN	DARTMOU	JTH
APPLICATION FOR REI	NEWAL:	Annual		LICEN	SED FOR 20	013
		CLASS				YEAR
LICENSEE NAME: CO	UNTRY CLUB OF I	NEW BEDFO	RD			
DOING BUSINESS A						
ADDRESS 585 SLOCUM	I RD.					
CITY/TOWN: DARTMO	OUTH S	TATE: MA	ZIP (CODE:	02747	
MANAGER: Di PAOLO LEO	O,DAVID TYPE OF	F LICENSE: C	ub	CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
PLEAS	E ALSO VISIT OUR WEBSITE	AND ENTER YOUR I	EMAIL ADDRES	SS		
DESCRIPTION OF LICE						
3 FLOORS. FIRST FLOOR ROOM, BOILER ROOM.					· *	
I hereby certify and swear	under penalties of pe	erjury that:				
1. the renewed lic	cense will be of the sa	me type for th	e same prer	mises now	licensed;	
2. the licensee has	s complied with all la	ws of the Com	monwealth	relating to	taxes; and	
3. the premises ar	re now open for busin	ess (If not exp	lain below))		
SIGNED BY						
Ind	lividual, Partner or A	uthorized Corp	orate Offic	er		
DATE:	TELEPHONE NU	MBER:				ION NUMBER:
			(Not	te: <u>NOT</u> Ind	ividual Social S	ecurity Number)
We the undersigned, att Acts of 2004, signed by t named license and (2) th of 2010.	the building inspecto	or and the hea	d of the fir	re departı	ment for the	above
Please Check Below:			LOCAI	L LICENS	ING AUTHO	ORITY
APPROVED:			By:			
DISAPPROVED:						
(If disapproved explain)						
DATE:						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 026600027		CITY OR TOWN DARTMOUTH
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013
	CLASS	YEAR
LICENSEE NAME: DARTMOUTH HOS	SPITALITY CORP	ORATION,INC.
DOING BUSINESS A LAKESIDER		
ADDRESS 950 STATE ROAD		
CITY/TOWN: DARTMOUTH	STATE: MA	ZIP CODE: 02747
MANAGER: FELLOWS, TYPE CHARLIE	OF LICENSE: Res	staurant CATEGORY: All Alcohol
EMAIL ADDRESS:		
PLEASE ALSO VISIT OUR WEBS	SITE AND ENTER YOUR EN	MAIL ADDRESS
DESCRIPTION OF LICENSED PREMISE		
2 FLOORS. FIRST FLOOR, 5 ROOMS. SE STORAGE AND WALK IN COOLER, OU SIZE 50'X50'.		
I hereby certify and swear under penalties o	f perjury that:	
1. the renewed license will be of the	* *	•
2. the licensee has complied with a		_
3. the premises are now open for bu	usiness (If not expla	ain below)
SIGNED BY Individual, Partner of	r Authorized Corpo	orate Officer
DATE: TELEPHONE	NUMBER:	EMPLOYER IDENTIFICATION NUMBER:
		(Note: NOT Individual Social Security Number)
Acts of 2004, signed by the building inspe	ector and the head	e certificate required by Chapter 304 of the d of the fire department for the above rance required by Chapter 116 of the Acts
Please Check Below:		LOCAL LICENSING AUTHORITY
APPROVED:		By:
DISAPPROVED: (If disapproved explain)		
(ii disapproved expiani)		
DATE:		



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LICENSE NUMBER: ()26600031		CITY OR TOWN	DARTMOU	UTH
APPLICATION FOR I	RENEWAL:	Annual	LICENS	SED FOR 20)13
		CLASS			YEAR
LICENSEE NAME:	DARTMOUTH CL	UBS INC.			
DOING BUSINESS A	THE KINGS INN				
ADDRESS 635 STATI	E RD.				
CITY/TOWN: DART	MOUTH	STATE: MA	ZIP CODE:	02747	
MANAGER: LAUZO A. III	ON, HENRY TYPI	E OF LICENSE: Re	staurant CA	TEGORY:	All Alcohol
EMAIL ADDRESS:					
PLI	EASE ALSO VISIT OUR WEI	BSITE AND ENTER YOUR E	MAIL ADDRESS		L
DESCRIPTION OF LI	CENSED PREMIS	ES:			
FIRST FLOOR; 2 ROC ROOMS AND OFFICE		BLDG; MAIN RO	OM AND 2 RESTRO	OOMS, 2 DF	RESSING
I hereby certify and swe	ear under penalties	of perjury that:			
1. the renewed	license will be of the	he same type for the	same premises now l	licensed;	
2. the licensee	has complied with a	all laws of the Com	nonwealth relating to	taxes; and	
3. the premises	s are now open for b	ousiness (If not expl	ain below)		
SIGNED BY					
-	Individual, Partner of	or Authorized Corpo	orate Officer		
DATE:	TELEPHONE	E NUMBER:			ION NUMBER:
			(Note: NOT Indi	vidual Social S	ecurity Number)
We the undersigned, Acts of 2004, signed to named license and (2) of 2010.	y the building insp	pector and the head	d of the fire departn	nent for the	above
Please Check Below:			LOCAL LICENSI	NG AUTHO	ORITY
APPROVED: DISAPPROVED:	7		By:		
(If disapproved explain)				
(11 Sibappio rea explain	•/				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	026600033		CHY	OR TOWN	DAKTMO	UIN
APPLICATION FOR	RENEWAL:	Annual		LICEN	ISED FOR 20	013
		CLASS				YEAR
LICENSEE NAME:	DARTMOUTH V	WASABI,INC.				
DOING BUSINESS A	WASABI JAPA	NESE RESTAURAN	NT			
ADDRESS 747 STAT	E RD.					
CITY/TOWN: DART	ГМОИТН	STATE: MA	ZI	P CODE:	02747	
MANAGER: LAM,	SAU WAH TY	YPE OF LICENSE: R	estaurant	C	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
PI	LEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR	EMAIL ADDI	RESS		_
DESCRIPTION OF L	ICENSED PREM	ISES:				
SINGLE STORY BLI AND LOUNGE. 16X3						ROOM
I hereby certify and sw	ear under penaltie	es of perjury that:				
1. the renewed	d license will be o	of the same type for th	e same p	remises nov	v licensed;	
2. the licensee	has complied wi	th all laws of the Con	nmonwea	lth relating	to taxes; and	
3. the premise	es are now open fo	or business (If not exp	lain belo	w)		
CICNED DV						
SIGNED BY	Individual, Partne	er or Authorized Corp	orate Of	ficer		
DATE:	TELEPHO	NE NUMBER:		EMPLOYE	R IDENTIFICAT	TON NUMBER:
			(1	Note: NOT In	dividual Social S	ecurity Number)
We the undersigned, Acts of 2004, signed named license and (2 of 2010.	by the building i	nspector and the hea	ad of the	fire depart	ment for the	above
Please Check Below:			LOC	AL LICEN	SING AUTH	ORITY
APPROVED:	_		By:			
DISAPPROVED:						
(If disapproved explain	1)					
DATE:						
2.112.						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 026600036		CITY	OK TOWN	DAKTMO	UIH
APPLICATION FOR	RENEWAL:	Annual		LICEN	SED FOR 2	013
		CLASS				YEAR
LICENSEE NAME:	CHINA BELLE R	ESTAURANT, IN	C.			
DOING BUSINESS	A CHINA BELLE	RESTAURANT				
ADDRESS 924 STA	ΓE RD.					
CITY/TOWN: DAR	TMOUTH	STATE: M	A ZII	P CODE:	02747	
MANAGER: WON	G, PAULINE TY	PE OF LICENSE:	Restaurant	C	CATEGORY:	All Alcohol
EMAIL ADDRESS:						
1	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOU	R EMAIL ADDR	RESS		
DESCRIPTION OF I						
ONE STORY BLDG FLOOR. 3 ENTRAN		DINING ROOM,	OFFICE AI	ND STORA	AGE ALL ON	I FIRST
I hereby certify and s	wear under penalties	s of perjury that:				
1. the renewe	ed license will be of	the same type for t	the same pr	remises nov	v licensed;	
2. the license	e has complied with	n all laws of the Co	mmonweal	th relating	to taxes; and	
3. the premis	es are now open for	business (If not ex	xplain belov	w)		
GIGNED DV						
SIGNED BY	Individual, Partner	r or Authorized Co	rporate Off	ficer		
			r			
DATE:	TELEPHON	IE NUMBER:		EMPLOYE	R IDENTIFICA	ΓΙΟΝ NUMBER:
			(1)	Note: NOT In	dividual Social S	Security Number)
We the undersigned Acts of 2004, signed named license and (of 2010.	by the building in	spector and the h	ead of the	fire depart	ment for the	above
Please Check Below:			LOC	AL LICEN	ania Alimi	ODITV
APPROVED:			LOC	AL LICEN	SING AUTH	OKILI
			By:	AL LICEN	SING AUTH	ORII I
DISAPPROVED:				AL LICEN	SING AUTH	ORIT I
	in)			AL LICEN	SING AUTH	ORIT I
DISAPPROVED:	in)			AL LICEN	SING AUTH	ORITI



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LICENSE NUMBE	R: 026600038		CITY O	R TOWN	DARTMOU	JTH
APPLICATION FO	R RENEWAL:	Annual		LICENS	SED FOR 20	13
		CLASS				YEAR
LICENSEE NAME:	GUM BO, INC.					
DOING BUSINESS	S A GUM BO'S RESTAU	URANT				
ADDRESS 411 STA	ATE STREET					
CITY/TOWN: DA	RTMOUTH	STATE: M	IA ZIP	CODE:	02747	
MANAGER: LEU	JNG, YIU TUNGTYPE	OF LICENSE:	:Restaurant	CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:	:					
	PLEASE ALSO VISIT OUR WEBSI	TE AND ENTER YOU	UR EMAIL ADDRES	SS		I
DESCRIPTION OF	LICENSED PREMISES	S:				
STOOLS, TABLES	OTHS, DINING AREA W AND CHAIRS. KITCHE ONT ENTRANCE AND	EN AREA, BA				
I hereby certify and	swear under penalties of	perjury that:				
	wed license will be of the		_			
	see has complied with all			•	taxes; and	
3. the premi	ises are now open for bus	siness (If not e	explain below))		
SIGNED BY	Individual, Partner or	Authorized Co	orporate Offic	eer		
DATE:	TELEPHONE N	NUMBER:		EMPLOYER	IDENTIFICAT	ION NUMBER:
			(No	te: NOT Ind	ividual Social So	ecurity Number)
Acts of 2004, signe	ed, attest that we are in ed by the building inspec (2) the certificate of liq	ctor and the l	nead of the fi	re departr	nent for the	above
Please Check Below:			LOCA	L LICENS	ING AUTHO	ORITY
APPROVED:			By:			
DISAPPROVED:						
(If disapproved expl	am)					
DATE:						



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LICENSE NUMBER: 026600039	•	CITY OR TOWN DARTMO	DUTH
APPLICATION FOR RENEWAL	: Annual	LICENSED FOR 2	2013
	CLASS		YEAR
LICENSEE NAME: UTILE DU	LCI INC.		
DOING BUSINESS A THE BLA	CK BASS GRILLE		
ADDRESS 3 WATER ST.			
CITY/TOWN: DARTMOUTH	STATE: MA	ZIP CODE: 02748	
MANAGER: ROONEY, MATTHEW P.	TYPE OF LICENSE: Rest	aurant CATEGORY	: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VIS	IT OUR WEBSITE AND ENTER YOUR EMA	AIL ADDRESS	
DESCRIPTION OF LICENSED F	PREMISES:		
ONE STORY BLDG AND PATIC STOOLS. SEATING FOR 45-50		N DINING AREA AND A BA	R WITH
I hereby certify and swear under p	enalties of perjury that:		
1. the renewed license wil	ll be of the same type for the s	ame premises now licensed;	
2. the licensee has compli	ed with all laws of the Comme	onwealth relating to taxes; and	
3. the premises are now o	pen for business (If not explai	n below)	
SIGNED BY			
Individual,	Partner or Authorized Corpor	ate Officer	
DATE: TELE	EPHONE NUMBER:	EMPLOYER IDENTIFICA	
		(Note: NOT Individual Social	Security Number)
We the undersigned, attest that Acts of 2004, signed by the build named license and (2) the certific of 2010.	ding inspector and the head	of the fire department for th	e above
Please Check Below:		LOCAL LICENSING AUTH	IORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
		_	
DATE:			



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 026600048		CITY OR TOWN	DARTMOUTH
APPLICATION FOR RENEWAL	.: Annual	LICEN	SED FOR 2013
	CLASS		YEAR
LICENSEE NAME: PATSON,I	NC.		
DOING BUSINESS A TOWN L	IQUORS		
ADDRESS 511 STATE ROAD			
CITY/TOWN: DARTMOUTH	STATE: MA	ZIP CODE:	02747
MANAGER: PATEL., JAYESH M.	TYPE OF LICENSE: Pa	ckage Store CA	ATEGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VIS	SIT OUR WEBSITE AND ENTER YOUR I	EMAIL ADDRESS	
DESCRIPTION OF LICENSED I	PREMISES:		
SINGLE STORY BLDG WITH N BUILDING FOR STOCK . A LA			R OF THE
3. the premises are now o	pen for business (If not exp	lain below)	, tartes, tart
1101,10001,	Turner of Turner		
DATE: TELE	EPHONE NUMBER:		IDENTIFICATION NUMBER: ividual Social Security Number)
Please Check Below:			ING AUTHORITY
APPROVED: DISAPPROVED:		By:	
(If disapproved explain)			
DATE:			



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0	26600050		CH	Y OR TOW.	N DAKIMO	UIH
APPLICATION FOR R	ENEWAL:	Annual		LICE	ENSED FOR 20	013
		CLASS	}			YEAR
LICENSEE NAME: C DOING BUSINESS A						
ADDRESS 550 RUSSE	ELLS MILLS RD					
CITY/TOWN: DARTI	MOUTH	STATE:	MA Z	ZIP CODE:	02748	
MANAGER: BREHA	UT, PETER TYPE	OF LICENSI	E:Package	Store	CATEGORY:	All Alcohol
EMAIL ADDRESS:						
DESCRIPTION OF LIC ONE STORY BLDG. M THE FIRST SEVEN DO AND MALT	MAIN ENTRANCE I	S: FROM FRON	IT. EIGH	ΓEEN DOO		
2. the licensee	license will be of the has complied with all are now open for bu	same type for laws of the C	Commonw	ealth relating		
I	ndividual, Partner or	Authorized (Corporate (Officer		
DATE:	TELEPHONE I	NUMBER:			ER IDENTIFICAT	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain))		LC By —		NSING AUTH	ORITY
DATE:						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 02660	0036	CITY OR TOWN DA	RIMOUIH
APPLICATION FOR RENE	WAL: Annual	LICENSED	FOR 2013
	CLASS		YEAR
LICENSEE NAME: GENE	RAL MILLS RESTAURANTS	INC	
DOING BUSINESS A THE	OLIVE GARDEN		
ADDRESS 80 STATE RD			
CITY/TOWN: DARTMOU	TH STATE: MA	ZIP CODE: 02	714
MANAGER: MC CAFFRED DAVID	EY, TYPE OF LICENSE:R	estaurant CATE	GORY: All Alcohol
EMAIL ADDRESS:			
PLEASE AI	SO VISIT OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION OF LICENS			
	VITH 11 DINING ROOMS. SE	ATIN 295	
I hereby certify and swear un			4.
	se will be of the same type for the complied with all laws of the Complied with all laws of the Complied with all laws of the Complex with the complex will be same type for the	•	
	now open for business (If not exp	Ç	es, and
	on open for outsiness (if not one		
SIGNED BY			
Indivi	dual, Partner or Authorized Corp	oorate Officer	
DATE:	TELEPHONE NUMBER:	EMPLOYER IDEN	NTIFICATION NUMBER:
		(Note: NOT Individua	al Social Security Number)
Acts of 2004, signed by the	that we are in possession (1) t building inspector and the he certificate of liquor liability ins	ad of the fire department	for the above
Please Check Below:		LOCAL LICENSING	AUTHORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUM	4BER: 026600057		CITY OR TOWN DART	MOUTH
APPLICATION	FOR RENEWAL:	Annual	LICENSED FO	R 2013
		CLASS		YEAR
	ME: RUBY TUESI			
ADDRESS 083	-85 NORTH DARTH	IMOUTH MALL		
CITY/TOWN:	DARTMOUTH	STATE: MA	ZIP CODE: 02747	•
MANAGER:	PARROTT, STEVEN	TYPE OF LICENSE: Rest	aurant CATEGO	RY: All Alcohol
EMAIL ADDR	ESS:			
	PLEASE ALSO VISIT O	UR WEBSITE AND ENTER YOUR EM	AIL ADDRESS	
	OF LICENSED PRE			
) SQ.FT. WITH DINI NTRANCE AND TW		FFICE STORAGE, BAR, F	RECEPTION
3. the p	•	n for business (If not explain		
DATE:	TELEPI	HONE NUMBER:	EMPLOYER IDENTIF (Note: <u>NOT</u> Individual So	
Acts of 2004, s	igned by the buildin	g inspector and the head	certificate required by Cl of the fire department for ance required by Chapter	the above
Please Check Below APPROVED: DISAPPROVE (If disapproved	 D:		LOCAL LICENSING AU By:	THORITY
DATE:				



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LICENSE NUMBER: 0266	500059	(CITY OR TOV	VIN DARTMO	UIH
APPLICATION FOR REN	IEWAL:	Annual	LIC	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: CEC	ENTERTAINMENT.	, INC			
DOING BUSINESS A CH	IUCK E. CHEESE				
ADDRESS 418 STATE RI	D, # 6				
CITY/TOWN: DARTMO		ATE: MA	ZIP CODE	: 02747	
MANAGER: Leepucki, V		ICENSE: Rest		CATEGORY:	Wine and
MANAGER. Eccpucki,	wanter TITE OF E	ACLIVOL. NOSU	aurani	CATLOOKI.	Malt Regular
EMAIL ADDRESS:					
PLEASE	ALSO VISIT OUR WEBSITE AN	D ENTER YOUR EMA	AIL ADDRESS		
DESCRIPTION OF LICEN	NSED PREMISES:				
7500 SQ FT WITH ONE E	ENT/EXIT. THREE A	DDITIONAL I	FIRE EXITS. S	EATING FOR 2	216
WITH BOOTHS, TABLES	S AND CHAIRS. COC	OKING AND F	OOD PREP A	REA, FREEZEF	RUNITS
AND RESTROOMS.					
I hereby certify and swear u	ander penalties of peri	iry that:			
•	ense will be of the same	•	ama pramicac r	now licensed:	
	complied with all laws	• •	-		
	•			ng to taxes; and	
5. the premises are	e now open for busines	s (11 not expiai	ii below)		
SIGNED BY	11 -1 Destar a A 41	1.0	Off.		
Indi	vidual, Partner or Auth	iorized Corpor	ate Officer		
DATE:	TELEPHONE NUM	BER:		YER IDENTIFICAT	
			(Note: NOT	Individual Social S	Security Number)
We the undersigned, atte	et that we are in noce	accion (1) the	cartificata rad	uired by Chant	or 301 of the
Acts of 2004, signed by the					
named license and (2) the					
of 2010.					
Please Check Below:			LOCAL LICE	ENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:			•		
(If disapproved explain)					



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LICENSE NUMBER:	026600060		CI	TY OR TOW	N DARTMO	OUTH
APPLICATION FOR	RENEWAL:	Annu	al	LICE	ENSED FOR 2	.013
		CLAS	SS			YEAR
LICENSEE NAME:	NOT YOUR AVE	RAGE JOE'S,	INC.			
DOING BUSINESS A	NOT YOUR AVE	ERAGE JOE				
ADDRESS 61 STATE	E RD					
CITY/TOWN: DAR	ГМОИТН	STATE:	MA	ZIP CODE:	02747	
MANAGER: MASC	ON, TRACY TYP	PE OF LICEN	SE:Restau	rant	CATEGORY:	All Alcohol
EMAIL ADDRESS:	-					
PI	LEASE ALSO VISIT OUR WI	EBSITE AND ENTER	YOUR EMAIL	ADDRESS		
DESCRIPTION OF L						
A 3200 SQ. FOOT FR SQUARE FOOT IN B						AIRS, 144
I hereby certify and sw		1 0 0				
	d license will be of	• 1				
	e has complied with			``	g to taxes; and	
3. the premise	es are now open for	business (If no	ot explain	below)		
SIGNED BY	Individual, Partner	or Authorized	l Corporat	e Officer		
DATE:	TELEPHON	E NUMBER:		EMPLOY	ER IDENTIFICA	TION NUMBER:
				(Note: NOT	Individual Social	Security Number)
We the undersigned,	attest that we are	in nossession	(1) the ce	ertificate requ	ired by Chan	ter 304 of the
Acts of 2004, signed	by the building ins	spector and th	ne head of	the fire depa	rtment for the	e above
named license and (2 of 2010.	2) the certificate of	liquor liabili	ty insuran	ice required b	y Chapter 11	6 of the Acts
Please Check Below:			1	OCAL LICE	NCINC ALITH	ODITY
APPROVED:				LOCAL LICE: By:	NSING AUTH	OKII I
DISAPPROVED:			-	<i>-</i> ,		
(If disapproved explain	n)		-			
			-			
DATE:			-			
D.1111.						



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LICENSE NUMBER	: 026600063		CITY OR TOWN	DARTMOU	JTH
APPLICATION FOR	RENEWAL:	Annual	LICEN	NSED FOR 20	13
		CLASS		,	YEAR
LICENSEE NAME: DOING BUSINESS A	A	OUNTRY CLUB, IN	IC		
ADDRESS 1047 ALI				007.47	
CITY/TOWN: DAR	TMOUTH	STATE: MA	ZIP CODE:	02747	
MANAGER: ROBE STEP	ERTS, TY HEN C.	PE OF LICENSE: F	Restaurant C	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
P	LEASE ALSO VISIT OUR V	VEBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF L					
2 DOUBLE DOORS ROUND TABLES, 2		BAR WITH 12 ST	TOOLS, 6 TABLES,	4 CHAIRS EA 	.СН, 6
	es are now open fo	h all laws of the Cor r business (If not ex er or Authorized Cor	·	to taxes; and	
DATE:	TELEPHON	NE NUMBER:		R IDENTIFICATI	
We the undersigned Acts of 2004, signed named license and (2010.	by the building in	spector and the he	ad of the fire depart	tment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	in)		LOCAL LICEN By:	SING AUTHO	ORITY
					
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	J266UUU64		CITYOR	IOWN	DAKTMO	UIH
APPLICATION FOR I	RENEWAL:	Annual		LICEN	SED FOR 2	013
		CLASS				YEAR
LICENSEE NAME: 1 DOING BUSINESS A ADDRESS 313 STATE	DARTMOUTH	WINE & SPIRITS				
CITY/TOWN: DART	MOUTH	STATE: MA	ZIP CO	ODE:	02747	
MANAGER: PATEL	L, MITESH V. TY	PE OF LICENSE:	ackage Store	C	ATEGORY:	All Alcohol
EMAIL ADDRESS: PL DESCRIPTION OF LI		VEBSITE AND ENTER YOUR SES:	EMAIL ADDRESS			
2. the licensee	l license will be of has complied with	s of perjury that: The same type for the all laws of the Control The business (If not ex	nmonwealth r			
SIGNED BY	Individual, Partne	r or Authorized Cor	porate Office	r		
DATE:	TELEPHON	NE NUMBER:				TION NUMBER: Security Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain]		LOCAL By:	LICENS	ING AUTH	ORITY
DATE:						



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LICENSE NUMB	EK: 026600065	•	JIY OK TOWN	DAKTMO	JIH
APPLICATION F	OR RENEWAL:	Annual	LICEN	ISED FOR 20)13
		CLASS			YEAR
LICENSEE NAMI	E: FAY'S TOO, INC				
ADDRESS 613 D	ARTMOUTH ST				
CITY/TOWN: D	ARTMOUTH	STATE: MA	ZIP CODE:	02748	
	ETTENCOURT, T' ELYN	YPE OF LICENSE: Resta	nurant C	ATEGORY:	All Alcohol
EMAIL ADDRES	S:				
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR EMA	IIL ADDRESS		_
DESCRIPTION O	F LICENSED PREM	IISES:			
WILL SEAT APP		2 @ BAR AND APPRO N ROOM APPROX 12. TROOMS			
	mises are now open fo	th all laws of the Common business (If not explain the common for business) and the common business of the Common business (If not explain the common for business) and the common business (If not explain the common for business) and the common for business (If not explain the common for business) and the common for business (If not explain the common for business) and the common for business (If not explain the common for business) and the common for business (If not explain the common for business) and the common for business (If not explain the common for business) and the common for business (If not explain the common for business) and the common for business (If not explain the common for business) and the common for business (If not explain the common for business) and the common for business (If not explain the common for business) and the common for business (If not explain the common for business) are common for business (If not explain the common for business) and the common for business (If not explain the common for business) are common for business (If not explain the common for business) are common for business (If not explain the common for business) are common for business (If not explain the common for business) are common for business (If not explain the common for business) are common for business (If not explain the common for business) are common for business (If not explain the common for business) are common for business (If not explain the common for explain the common	n below)	to taxes, and	
DATE					
DATE:	TELEPHO	NE NUMBER:		R IDENTIFICAT dividual Social S	
			(140te: <u>1401</u> III	urviduai sociai s	ecurity (vulliber)
Acts of 2004, sign	ned by the building i	re in possession (1) the nspector and the head of liquor liability insura	of the fire depart	ment for the	above
Please Check Below:			LOCAL LICENS	SING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED: (If disapproved ex	Ll nlain)				
(11 disappioved ex	γιαπι)				
DATE:					



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LICENSE NUMBER	: 026600067		CITY OR TOWN	DAKTMO	UIH
APPLICATION FOR	RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	LAM & LIN, INC.				
DOING BUSINESS	A PEKING GARDEN	1			
ADDRESS 33 FAUN	ICE CORNER RD				
CITY/TOWN: DAR	TMOUTH	STATE: MA	ZIP CODE:	02747	
MANAGER: LIN, CHE		OF LICENSE: Res	taurant C.	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
]	PLEASE ALSO VISIT OUR WEB	SITE AND ENTER YOUR EM	IAIL ADDRESS		_
DESCRIPTION OF I	LICENSED PREMISE	CS:			
INCLUDING KITCH ADJACENT DISHW	S OF APPROX. 8375 HEN/PREP AREA OF ASHER AREA OF A FRENCE ON SOUTH	APPROX. 1450 SQ PPROXIMATELY	QUARE FEE , OFF 510 SQUARE FEE	ICE AND T, DIN NG A	
I hereby certify and s	wear under penalties o	f perjury that:			
	ed license will be of th	* *	•		
	ee has complied with a		•	o taxes; and	
3. the premis	ses are now open for b	usiness (If not expla	in below)		
SIGNED BY	Individual, Partner o	r Authorized Corpo	rate Officer		
DATE:	TELEPHONE	NUMBER:	EMPLOYER	RIDENTIFICAT	ION NUMBER:
			(Note: NOT Inc	lividual Social S	ecurity Number)
Acts of 2004, signed	I, attest that we are in by the building insp 2) the certificate of li	ector and the head	of the fire depart	ment for the	above
Please Check Below:			LOCAL LICENS	SING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expla	in)				
DATE:					



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LICENSE NUMBER: 026600068		CITY OR TOWN	DARTMOU	JTH
APPLICATION FOR RENEWAL:	Annual	LICENS	SED FOR 20	13
	CLASS			YEAR
LICENSEE NAME: HIXVILLE GENE	RAL STORE, INC.			
DOING BUSINESS A HIXVILLE GEN	ERAL STORE			
ADDRESS 790 OLD FALL RIVER ROA	AD			
CITY/TOWN: DARTMOUTH	STATE: MA	ZIP CODE:	02747	
MANAGER: GROTA, FLAVIO P.TYI	PE OF LICENSE: Pac	ekage Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR W DESCRIPTION OF LICENSED PREMIS	EBSITE AND ENTER YOUR EN	MAIL ADDRESS		
 I hereby certify and swear under penalties the renewed license will be of the licensee has complied with the premises are now open for 	the same type for the all laws of the Comr	nonwealth relating to		
SIGNED BY Individual, Partner	r or Authorized Corpo	orate Officer		
DATE: TELEPHON	IE NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		ION NUMBER:
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	ING AUTHO	DRITY
DATE: APPLICATION FOR RENEWAL MUST BE FILED BY L	JCENSEES DURING THE M	ONTH OF NOVEMBER (M	G.L. Ch. 138 \$ 16	A)



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0	26600070		CITY OR TOWN	DARTMOU	JTH
APPLICATION FOR R	ENEWAL:	Annual	LICEN	ISED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: J.	AY NARSANGAVI	EER			
DOING BUSINESS A	DARTMOUTH MA	ARKET			
ADDRESS 610 DARTI	MOUTH ST				
CITY/TOWN: DARTI	MOUTH	STATE: MA	ZIP CODE:	02748	
MANAGER: PATEL, NANDU		OF LICENSE: Pa	ckage Store C	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLE	ASE ALSO VISIT OUR WEBS	SITE AND ENTER YOUR I	EMAIL ADDRESS		-
DESCRIPTION OF LIC					
APPROX 4000 SQ FT I ENTRANCE FACES D		AREA,FRONT A	ND BACK ENTRA	NCE. MAIN	
Thereby and for and area		f			
I hereby certify and swe	=		e same premises now	z licensed:	
		* *	monwealth relating		
	are now open for bu		=	,	
SIGNED BY					
I	ndividual, Partner or	r Authorized Corp	orate Officer		
DATE					
DATE:	TELEPHONE	NUMBER:		R IDENTIFICAT dividual Social S	
			(23333 <u>2,02</u> m	arvidadi Social S	ceanty ramoer)
Please Check Below:			LOCAL LICEN	SING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED: (If disapproved explain)					
(11 disapproved explain)					
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	026600071		CITY OR TOW	N DAKTMO	UIII
APPLICATION FOR	RENEWAL:	Annual	LICE	ENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME:	TEXAS ROA	ADHOUSE HOLDINGS L	LC		
DOING BUSINESS A	TEXAS RO	ADHOUSE			
ADDRESS 131 FAUN	NCE CORNE	R MALL RD.			
CITY/TOWN: DAR	ГМОИТН	STATE: MA	ZIP CODE:	02747	
MANAGER: Gurney	y, Josh	TYPE OF LICENSE: Re	estaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PI	LEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR E	EMAIL ADDRESS		_
DESCRIPTION OF L					
		WITH ALCOHOLIC BEV	VERAGE SERVIC	E.	
I hereby certify and sw					
		be of the same type for the			
		d with all laws of the Com		g to taxes; and	
3. the premise	es are now ope	en for business (If not exp	iain below)		
SIGNED BY	Individual D	artner or Authorized Corp	orata Officar		
	marviduai, F	arther of Authorized Corp	orate Officer		
DATE:			EMBLOV	ER IDENTIFICAT	FION NUMBER.
DATE.	TELEP	PHONE NUMBER:		Individual Social S	
					•
Acts of 2004, signed	by the buildi	ve are in possession (1) the ng inspector and the hea ate of liquor liability ins	d of the fire depa	rtment for the	above
Please Check Below:			LOCAL LICE	NSING AUTH	ORITY
APPROVED:	_		By:		
DISAPPROVED:					
(If disapproved explain	11)				
DATE:					
•					



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ON PREMISES LICENSE RENEWAL APPLICATION

	CITY OR TOWN DARTMOUTH
Annual	LICENSED FOR 2013
CLASS	YEAR
INC	
STATE: MA	ZIP CODE: 02747
OF LICENSE: Res	taurant CATEGORY: All Alcohol
TTE AND ENTER YOUR EM	AIL ADDRESS
S:	
	L SERVICE RESTAURANT, C REST ROOM SEATING FOR 95
JOM AND FOBLI	C REST ROOM SEATING FOR 93
	some manices now licensed.
• •	nonwealth relating to taxes; and
. 1	,
Authorized Corpor	rate Officer
NUMBER:	EMPLOYER IDENTIFICATION NUMBER:
	(Note: <u>NOT</u> Individual Social Security Number)
_	certificate required by Chapter 304 of the
	of the fire department for the above rance required by Chapter 116 of the Acts
•	
	LOCAL LICENSING AUTHORITY
	By:
	
	CLASS NC STATE: MA OF LICENSE: Res TE AND ENTER YOUR EM S: STING OF A FUL DOM AND PUBLI perjury that: same type for the same type for th



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	026600073		CITY OR TOW	IN DAKTMO	UIII
APPLICATION FOR	RENEWAL:	Annual	LIC	ENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS A					
ADDRESS 722 DART	MOUTH STREET				
CITY/TOWN: DART	TMOUTH	STATE: MA	ZIP CODE:	02748	
MANAGER: FRAN	K BARRIGASTYPE	OF LICENSE:P	ackage Store	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PI	EASE ALSO VISIT OUR WEBSI	TE AND ENTER YOUR	EMAIL ADDRESS		_
DESCRIPTION OF L	CENSED PREMISES	5 :			
CONSIST OF FACILI ENTRANCE.	TY - 4,500 SQ. FT., (1) ROOM STO	RAGE AREA FRO	ONT AND BAC	CK
3. the premise SIGNED BY	has complied with all s are now open for bus Individual, Partner or	siness (If not exp	olain below)	ng to taxes; and	
DATE:	TELEPHONE N	NUMBER:		YER IDENTIFICA	
Please Check Below: APPROVED: DISAPPROVED:]		LOCAL LICE By:	ENSING AUTH	ORITY
(If disapproved explain	n)				
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 026600074		CITY OR TOWN	1 DARTMO	UTH
APPLICATION FO	OR RENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
DOING BUSINESS	: CARLOS DASILV S A C&S VARIETY UNCE CORNER RD	A			
CITY/TOWN: DA		STATE: MA	ZIP CODE:	02747	
MANAGER: DA		E OF LICENSE: Pa	ckage Store	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS	:]
	PLEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR F	MAIL ADDRESS		_
	F LICENSED PREMIS				
20.3 FT BY 44.3 F AND A STORAGE	Г BLDG WITH A FRO ROOM	ONT ENTRANCE A	AND A BACK EXI	T, TWO COC	DLERS
2. the licen 3. the prem	wed license will be of t see has complied with hises are now open for	all laws of the Com	monwealth relating		
SIGNED BY	Individual, Partner	or Authorized Corp	orate Officer		
DATE:	TELEPHONI	E NUMBER:		ER IDENTIFICAT	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved exp	lain)		LOCAL LICEN By:	ISING AUTH	ORITY
DATE:					



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LICENSE NU	MBER: 026600075		CITY OR TOWN DARTMO	OUTH
APPLICATIO	ON FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
DOING BUSI	AME: YING DYNASTY NESS A 0724A DARTMOUTH ST			
CITY/TOWN	: DARTMOUTH	STATE: MA	ZIP CODE: 02748	
MANAGER:	ZHAO, SHANG TY YING	PE OF LICENSE: Re	estaurant CATEGORY	: All Alcohol
EMAIL ADD	RESS:			
DESCRIPTIO	PLEASE ALSO VISIT OUR V	VEBSITE AND ENTER YOUR E	MAIL ADDRESS	
1. the 2. the		the same type for the hall laws of the Com	e same premises now licensed; monwealth relating to taxes; and lain below)	i
SIGNED BY		r or Authorized Corp	orate Officer	
DATE:	TELEPHON	NE NUMBER:	EMPLOYER IDENTIFICATION (Note: NOT Individual Social	
Acts of 2004,	, signed by the building in	spector and the hea	ne certificate required by Chap d of the fire department for th urance required by Chapter 1	ie above
Please Check Bel APPROVED: DISAPPROV (If disapprove	ED:		LOCAL LICENSING AUTI By:	HORITY
DATE:				
APPLICATION FO	R RENEWAL MUST BE FILED BY	LICENSEES DURING THE M	MONTH OF NOVEMBER (M.G.L. Ch. 138 \$	16A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMB	ER: 026600077		CITY OR TOW	N DAKTMO	UIH
APPLICATION F	OR RENEWAL:	Annual	LICE	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAM	E: HEALTHY C	FRILLE RESTAURANT	,INC.		
DOING BUSINES	SS A HEALTHY	GRILLE RESTAURAN	Т		
ADDRESS 634D	STATE ROAD				
CITY/TOWN: D	ARTMOUTH	STATE: MA	ZIP CODE:	02747	
	LASSMAN, ICHAEL	TYPE OF LICENSE: R	estaurant	CATEGORY:	All Alcohol
EMAIL ADDRES	SS:				
DESCRIPTION C		OUR WEBSITE AND ENTER YOUR EMISES:	EMAIL ADDRESS		
2. the lice	ensee has complied mises are now ope	be of the same type for the laws of the Conen for business (If not expert or Authorized Cor	nmonwealth relatin		
DATE:	TELEP	HONE NUMBER:		YER IDENTIFICAT Individual Social S	
Acts of 2004, sign	ned by the buildi	re are in possession (1) t ng inspector and the he ate of liquor liability ins	ad of the fire depa	rtment for the	above
Please Check Below:			LOCAL LICE	NSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED: (If disapproved ex					
(11 disappiored ex	Promii)				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 02660007	8	CITY OR TOWN DARTMO	JUTH
APPLICATION FOR RENEWA	AL: Annual	LICENSED FOR	2013
	CLASS		YEAR
LICENSEE NAME: APPLE N	EW ENGLAND LLC		
DOING BUSINESS A			
ADDRESS ROUTE 6			
CITY/TOWN: DARTMOUTH	STATE: MA	ZIP CODE: 02747	
MANAGER: MADDEN, ERIF	KA TYPE OF LICENSE: Re	estaurant CATEGORY	: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO V	ISIT OUR WEBSITE AND ENTER YOUR I	EMAIL ADDRESS	
DESCRIPTION OF LICENSED	PREMISES:		
FULL SERVICE RESTAURAN KITCHEN, DINING ROOM AN SIDE EMERGENCY EXIT. RE	ND BAR AREA, SEATING 2		
I hereby certify and swear under	penalties of periury that:		_
·		e same premises now licensed;	
2. the licensee has comp	olied with all laws of the Com	nmonwealth relating to taxes; and	l
3. the premises are now	open for business (If not exp	lain below)	
SIGNED BY Individual	l, Partner or Authorized Corp	oorate Officer	
DATE: TEI	LEPHONE NUMBER:	EMPLOYER IDENTIFICA	ATION NUMBER:
		(Note: NOT Individual Social	Security Number)
We the undersigned, attest that Acts of 2004, signed by the but named license and (2) the certification of 2010.	ilding inspector and the hea	nd of the fire department for th	ie above
Please Check Below:		LOCAL LICENSING AUTI	HORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
DATE:			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	:026600079	(CITY OR TOWN DARTN	MOUTH
APPLICATION FOR	RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NAME:	TRIO CAFÉ & L	OUNGE INC.		
DOING BUSINESS	A TRIO CAFÉ &	LOUNGE INC.		
ADDRESS 780 STA	TE ROAD			
CITY/TOWN: DAR	TMOUTH	STATE: MA	ZIP CODE: 02747	
MANAGER: CAR' BRIA	· · · · · · · · · · · · · · · · · · ·	YPE OF LICENSE: Resta	aurant CATEGOR	Y: All Alcohol
EMAIL ADDRESS:				
Ī	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR EMA	AIL ADDRESS	<u>_</u>
DESCRIPTION OF I				
AND SERVICE ARE	EA. APPROX. 194		E AREA TOGETHER W/ KI 7.(2) SECTIONS BLOCKED HOLIC BEVERAGES.	
I hereby certify and s	wear under penalti	es of perjury that:		
1. the renewe	ed license will be o	of the same type for the s	ame premises now licensed;	
	•		onwealth relating to taxes; ar	nd
3. the premis	ses are now open for	or business (If not explai	n below)	
SIGNED BY	Individual, Partn	er or Authorized Corpor	ate Officer	
DATE:	TELEPHO	NE NUMBER:	EMPLOYER IDENTIFIC	CATION NUMBER:
	TEEET ITO	TIE TIETINEER.	(Note: NOT Individual Soci	al Security Number)
Acts of 2004, signed	by the building i	nspector and the head	certificate required by Cha of the fire department for t ance required by Chapter 1	the above
Please Check Below:			LOCAL LICENSING AUT	ΓHORITY
APPROVED:			By:	
DISAPPROVED:	in)			
(If disapproved expla	III <i>)</i>			
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	026600080		CITY OR TOWN	DAKTMO	UIH
APPLICATION FOR 1	RENEWAL:	Annual	LICENS	SED FOR 20)13
		CLASS			YEAR
LICENSEE NAME:	BLISS EXPRESS IN	C.			
DOING BUSINESS A					
ADDRESS 627 DART	MOUTH STREET				
CITY/TOWN: DART	CMOUTH	STATE: MA	ZIP CODE:	02747	
MANAGER: BOUK ANTO	HEIR, TYPE INE (TONY)	OF LICENSE: Pa	ckage Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
PL	EASE ALSO VISIT OUR WEBS	ITE AND ENTER YOUR E	MAIL ADDRESS		_
DESCRIPTION OF LI	CENSED PREMISE	S:			
SINGLE STORY CEN STORE AND TWO A ENTRANCE/EXIT OI	UTO SERVICE BAY	S. TWO ENTRA			
I hereby certify and sw	ear under penalties of	perjury that:			
1. the renewed	l license will be of the	e same type for the	same premises now	licensed;	
2. the licensee	has complied with al	l laws of the Com	nonwealth relating to	taxes; and	
3. the premise	s are now open for bu	siness (If not expl	ain below)		
SIGNED BY					
	Individual, Partner or	Authorized Corp	orate Officer		
DATE:	TELEPHONE	NUMBER:	EMPLOYER	IDENTIFICAT	ION NUMBER:
			(Note: NOT Indi	ividual Social S	ecurity Number)
Please Check Below:			LOCAL LICENS	INC AUTH	ODITV
APPROVED:			LOCAL LICENS	ING AUTHO	JKII I
DISAPPROVED:			2,.		
(If disapproved explain	n)				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 026600081		CITY OR TOWN	DARTMO	UTH
APPLICATION FOR RENEWAL:	Annual	LICEN	NSED FOR 20	013
	CLASS			YEAR
LICENSEE NAME: TGI FRIDAYS IN	IC			
DOING BUSINESS A TGI FRIDAY'S				
ADDRESS 455 State Rd				
CITY/TOWN: DARTMOUTH	STATE: MA	ZIP CODE:	02747	
MANAGER: Huyser, Eric TY	PE OF LICENSE: Res	staurant C	CATEGORY:	All Alcohol
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR V	VEBSITE AND ENTER YOUR EM	IAIL ADDRESS		_
DESCRIPTION OF LICENSED PREMI	SES:			
full service restaurant with accompanying	g bar area			
I hereby certify and swear under penaltie	s of perjury that:			
1. the renewed license will be of	the same type for the	same premises nov	w licensed;	
2. the licensee has complied with	h all laws of the Comm	nonwealth relating	to taxes; and	
3. the premises are now open for	business (If not expla	nin below)		
SIGNED BY				
	r or Authorized Corpo	rate Officer		
DATE: TELEPHON	NE NUMBER:	EMPLOYE	ER IDENTIFICAT	ION NUMBER:
T DEDI II O	VE IVONIBEIX.	(Note: NOT Ir	ndividual Social S	ecurity Number)
We the undersigned, attest that we are	-	_		
Acts of 2004, signed by the building in named license and (2) the certificate of				
of 2010.	1	1		
Please Check Below:		LOCAL LICEN	SING AUTHO	ORITY
APPROVED:		By:		
DISAPPROVED:		•		
(If disapproved explain)				
D. LEED				
DATE:				
APPLICATION FOR RENEWAL MUST BE FILED BY	LICENSEES DURING THE M	ONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 16	5A)



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 026600082		CITY OR TOWN	DARTMOUTH
APPLICATION FOR RENEWAL:	Annual	LICENS	ED FOR 2013
	CLASS		YEAR
LICENSEE NAME: LA-BELLE MAN DOING BUSINESS A CARDOZA'S W			
ADDRESS 154 FAUNCE CORNER RO	OAD		
CITY/TOWN: DARTMOUTH	STATE: MA	ZIP CODE:	02747
MANAGER: VASOYA, HIREN TY	YPE OF LICENSE: Pac	kage Store CA	TEGORY: All Alcohol
EMAIL ADDRESS:	_		
PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR EM	IAIL ADDRESS	
DESCRIPTION OF LICENSED PREM	IISES:		
6,176 SQ. FT. ON THE CORNER OF C	CROSS ROAD AND F	AUNCE CORNER F	ROAD
I hereby certify and swear under penaltic	es of perjury that:		
1. the renewed license will be o	of the same type for the	same premises now l	icensed;
2. the licensee has complied wi	th all laws of the Comn	nonwealth relating to	taxes; and
3. the premises are now open for	or business (If not expla	in below)	
SIGNED BY Individual, Partne	er or Authorized Corpo	rate Officer	
DATE: TELEPHO	NE NUMBER:		IDENTIFICATION NUMBER:
		(Note: NOT Indi	vidual Social Security Number)
Please Check Below:		LOCAL LICENSI	NG AUTHORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
DATE:			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0266000	183	CITY OR TOWN DARTMOUTE	L
APPLICATION FOR RENEW	VAL: Annual	LICENSED FOR 2013	
	CLASS	YEA	A R
LICENSEE NAME: AZUMA	A ASIAN BISTRO LLC		
DOING BUSINESS A AZUM	IAA ASIAN BISTRE		
ADDRESS 466 STATE ROAL)		
CITY/TOWN: DARTMOUT	H STATE: MA	ZIP CODE: 02747	
MANAGER: ZHENG, KAI	TYPE OF LICENSE: Re	staurant CATEGORY: All	l Alcohol
EMAIL ADDRESS:			
PLEASE ALSO	O VISIT OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION OF LICENSE	D PREMISES:		
ONE STORY WOOD FRAMI WITH MULTIPLE ENTRANG		X. 250 SQ FT WIDE BY 250 FT DE	EP
I hereby certify and swear unde	er penalties of perjury that:		
1. the renewed license	will be of the same type for the	same premises now licensed;	
2. the licensee has cor	nplied with all laws of the Com	nonwealth relating to taxes; and	
3. the premises are no	w open for business (If not expl	ain below)	
SIGNED BY	ual, Partner or Authorized Corpo	orate Officer	
marviac	iai, i artifer of Authorized Corpo	orace Officer	
DATE:	ELEPHONE NUMBER:	EMPLOYER IDENTIFICATION	NUMBER:
1)	ELEFHONE NUMBER.	(Note: NOT Individual Social Securi	
Acts of 2004, signed by the b	uilding inspector and the head	e certificate required by Chapter 3dd of the fire department for the abourance required by Chapter 116 of t	ve
Please Check Below:		LOCAL LICENSING AUTHORI	ГҮ
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
DATE:			
DATE.			



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OFF-PREMISESLICENSE RENEWAL APPLICATION

APPLICATION FOR RENEWAL: CLASS YEAR LICENSED FOR 2013 YEAR LICENSEE NAME: NGJ,LLC DOING BUSINESS A LIZZIES LIQUORS	
LICENSEE NAME: NGJ,LLC	
ADDRESS 839 STATE ROAD	
CITY/TOWN: DARTMOUTH STATE: MA ZIP CODE: 02747	
MANAGER: CHEDID, WASSIM TYPE OF LICENSE: Package Store CATEGORY: All Alc	cohol
EMAIL ADDRESS:	
PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS	
1. the renewed license will be of the same type for the same premises now licensed;	
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and	
3. the premises are now open for business (If not explain below)	
SIGNED BY Individual, Partner or Authorized Corporate Officer	
Individual, Partner or Authorized Corporate Officer	
Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUM	
Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUM (Note: NOT Individual Social Security Nu Please Check Below: APPROVED: By:	
Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUM (Note: NOT Individual Social Security Nu Please Check Below: APPROVED: By: DISAPPROVED: Individual, Partner or Authorized Corporate Officer EMPLOYER IDENTIFICATION NUM (Note: NOT Individual Social Security Numbers) By: DISAPPROVED: Individual, Partner or Authorized Corporate Officer	
Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUM (Note: NOT Individual Social Security Nu	
Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUM (Note: NOT Individual Social Security Nu Please Check Below: APPROVED: By: DISAPPROVED: Individual, Partner or Authorized Corporate Officer EMPLOYER IDENTIFICATION NUM (Note: NOT Individual Social Security Numbers) By: DISAPPROVED: Individual, Partner or Authorized Corporate Officer	
PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS DESCRIPTION OF LICENSED PREMISES: 40 X 25 SQ. FT. BLDG. WITH ATTACHED GARAGE FOR STORAGE AND DELIVERIES. I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed;	



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUI	MBER: 026600087		CITY OR TOWN DARTMO	JUTH
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NA	AME: AYR-SHRI INC			
DOING BUSI	NESS A AYUR-SHRI			
	EMISES CONSIST OF ESTAURANTTOTAL S		NG AND	
CITY/TOWN:	DARTMOUTH	STATE: MA	ZIP CODE: 02747	
MANAGER:	RAMSAMOOJ, T MITRA	YPE OF LICENSE: Res	taurant CATEGORY	: Wine and Malt Regular
EMAIL ADDR	RESS:			
	PLEASE ALSO VISIT OUR	R WEBSITE AND ENTER YOUR EM	IAIL ADDRESS	
DESCRIPTION	N OF LICENSED PREM	MISES:		
I hereby certify	and swear under penalt	ies of perjury that:		
1. the	renewed license will be	of the same type for the	same premises now licensed;	
2. the	licensee has complied w	ith all laws of the Comm	nonwealth relating to taxes; and	l
	premises are now open f		<u>-</u>	
	r	, , , , , , , , , , , , , , , , , , ,		
CICNED DV				
SIGNED BY	Individual. Partr	ner or Authorized Corpor	rate Officer	
DATE:	TELEDIA	NE MAMPER	EMPLOYER IDENTIFICA	ATION NUMBER:
21112.	TELEPHC	ONE NUMBER:	(Note: NOT Individual Social	
Acts of 2004,	signed by the building	inspector and the head	e certificate required by Chap of the fire department for th rance required by Chapter 11	e above
Please Check Belo	<u>ow:</u>		LOCAL LICENSING AUTI	HORITY
APPROVED:			By:	101411
DISAPPROVE	ED:		•	
(If disapproved	l explain)			
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 02660	00088	CITY OR TOWN	DARTMOUTH
APPLICATION FOR RENI	EWAL: Annual	LICEN	SED FOR 2013
	CLASS		YEAR
LICENSEE NAME: HOL	LYWOOD INTERNET CAFÉ	INC.	
DOING BUSINESS A CAL	FÉ HOLLYWOOD		
ADDRESS 6 SHERIDAN S	STREET		
CITY/TOWN: DARTMOU	UTH STATE: N	MA ZIP CODE:	02747
MANAGER: VASSAL, ANTONIO	TYPE OF LICENSE	:: Restaurant CA	ATEGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE A	ALSO VISIT OUR WEBSITE AND ENTER YO	OUR EMAIL ADDRESS	
DESCRIPTION OF LICEN	SED PREMISES:		
TWO HANDICAPPED AC	AN UNFINISHED BASEMEN CESSIBLE RESTROOMS, W ITING CAPACITY FOR 52 I	/ITH A BAR WITH 10 S	
I hereby certify and swear u	nder penalties of perjury that:		
	nse will be of the same type for	•	
	complied with all laws of the C	_	o taxes; and
3. the premises are	now open for business (If not	explain below)	
SIGNED BY Indiv	ridual, Partner or Authorized C	'ornorate Officer	
indi v	radii, i artifei of radiioffzed C	orporate officer	
DATE:	TELEPHONE NUMBER:	EMPLOYER	R IDENTIFICATION NUMBER:
	TELEI HONE NOWBER.	(Note: NOT Ind	lividual Social Security Number)
Acts of 2004, signed by th	at that we are in possession (1 e building inspector and the certificate of liquor liability	head of the fire departr	ment for the above
Please Check Below:		LOCAL LICENS	SING AUTHORITY
APPROVED:		Ву:	
DISAPPROVED:			
(If disapproved explain)			
DATE:			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 026	602660		CITY OR T	TOWN DARTMO	DUTH
APPLICATION FOR RE	NEWAL:	Annual		LICENSED FOR 2	2013
		CLASS			YEAR
LICENSEE NAME: 227	STATE ROAI	O, LLC			
DOING BUSINESS A B	USTERS SPOR	RTS BAR			
ADDRESS 227 STATE F	ROAD				
CITY/TOWN: DARTM	OUTH	STATE: MA	ZIP CO	DDE: 02747	
MANAGER: STONE, J	OHN TYI	PE OF LICENSE: Re	estaurant	CATEGORY	: All Alcohol
EMAIL ADDRESS:					
PLEAS	E ALSO VISIT OUR W	EBSITE AND ENTER YOUR E	MAIL ADDRESS		
ONE STORY BUILDING DINING ROOMS, KITC REAR W SIDE; 1 REAR GREENHOUSE + 1,700	HEN AND OFF S SIDE; 1 MID	FICE. ENTRANCES DE SIDE. SQ FT OF	AND EXITS	S - 2 FRONT N SIE RIOR SPACES; SIE	DE; 1 DE
2. the licensee ha	cense will be of s complied with	the same type for the all laws of the Combusiness (If not explant)	monwealth re		
SIGNED BY	lividual, Partner	or Authorized Corp	orate Officer		
DATE:	TELEPHON	E NUMBER:		PLOYER IDENTIFICA	
			(Note. j	NO1 individual Social	Security Number)
We the undersigned, att Acts of 2004, signed by named license and (2) th of 2010.	the building ins	spector and the hea	d of the fire	department for th	e above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)			LOCAL I By:	LICENSING AUTH	HORITY
DATE.					
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBI	EK: 026602662		CITY OR TO	IWN DAKING	JUIH
APPLICATION FO	OR RENEWAL:	Annual	L	ICENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAMI DOING BUSINES					
ADDRESS 242 EI	LM ST				
CITY/TOWN: DA	ARTMOUTH	STATE: MA	A ZIP COD	E: 02747	
MANAGER: TE M.	DOLDI, RICHI	TYPE OF LICENSE:	Package Store	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS	S:				
		OUR WEBSITE AND ENTER YOU	R EMAIL ADDRESS		
DESCRIPTION O					
		Q FT STRUCTURE L FRONT AND BACK		OUTH WHARF B	OARD
	mises are now ope.	with all laws of the Co n for business (If not ex rtner or Authorized Co	plain below)	ting to taxes; and	
DATE:	TELEPI	HONE NUMBER:		LOYER IDENTIFICA OT Individual Social	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved exp			LOCAL LIG By:	CENSING AUTH	ORITY
(II disupproved exp	olulli)				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	C: 026602663	(CHY	OK TOWN	DAKTMO	UIH
APPLICATION FOR	R RENEWAL:	Annual		LICEN	ISED FOR 20	013
		CLASS				YEAR
LICENSEE NAME:	DERRICK SOUSA					
DOING BUSINESS	A FROM THE SEOUL					
ADDRESS 127 FAU	INCE CORNER ROAD					
CITY/TOWN: DAI	RTMOUTH	STATE: MA	ZI	P CODE:	02747	
MANAGER: SOU	ZA, DERRICK TYPE C)F LICENSE: Resta	aurant	C	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
•	PLEASE ALSO VISIT OUR WEBSIT	E AND ENTER YOUR EMA	AIL ADDI	RESS		_
	LICENSED PREMISES:					
	ULL SERVICE RESTAU WITH SEATING CAP					OX. 12
I hereby certify and s	wear under penalties of p	perjury that:				
1. the renew	ed license will be of the	same type for the s	same p	remises now	licensed;	
2. the license	ee has complied with all	laws of the Commo	onwea	lth relating	to taxes; and	
3. the premi	ses are now open for busing	iness (If not explai	in belo	w)		
GIGNED DV						
SIGNED BY	Individual, Partner or A	Authorized Corpor	ate Of	ficer		
DATE:	TELEPHONE N	UMBER:		EMPLOYE	R IDENTIFICAT	ΓΙΟΝ NUMBER:
			(1	Note: NOT In	dividual Social S	Security Number)
Acts of 2004, signed	d, attest that we are in p d by the building inspec (2) the certificate of liqu	tor and the head	of the	fire depart	ment for the	above
Please Check Below:			LOC	AL LICEN	SING AUTH	ORITY
APPROVED:			By:			
DISAPPROVED:	• ,					
(If disapproved expla	nin)		-			
			-			
DATE:						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 026602664		CITY OR TOWN	DARTMOUTH
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 2013
	CLASS		YEAR
LICENSEE NAME: HAWTHORNE	COUNTRY CLUB, LL	C	
DOING BUSINESS A HAWHORNE	COUNTRY CLUB, LL	C	
ADDRESS 970 TUCKER ROAD			
CITY/TOWN: DARTMOUTH	STATE: MA	ZIP CODE:	02747
MANAGER: RIOUX, T MADELINE	YPE OF LICENSE: Res	staurant CA	ATEGORY: All Alcohol
EMAIL ADDRESS:			
	t WEBSITE AND ENTER YOUR EN	MAIL ADDRESS	
DESCRIPTION OF LICENSED PREM THE PREMISES CONSISTS OF A FU LOUGE, FUNCION HALLS, DINING NORTH DECK, 16X43 SOUTH DECK 2 SERVICE BARS. INCLUDING A W SHOP LOCKER ROOMS. ALSO A 38	UNCTION FACILITY AS ROOMS WITH 3 SER K. UPPER LEVEL -FU VES DECK 55' X 4'. LC	RVICE BARS. INCL NCTION HALL, DI WER LEVEL RST	UDING A 28X 21' INING ROOM WITH AUARANT, PRO-
I hereby certify and swear under penalt	ies of perjury that:		
1. the renewed license will be	of the same type for the	same premises now	licensed;
2. the licensee has complied w	ith all laws of the Comr	nonwealth relating to	taxes; and
3. the premises are now open f	or business (If not expla	ain below)	
SIGNED BY Individual, Partr	ner or Authorized Corpo	orate Officer	
DATE: TELEPHO	ONE NUMBER:		R IDENTIFICATION NUMBER:
We the undersigned, attest that we a Acts of 2004, signed by the building named license and (2) the certificate of 2010.	inspector and the head	l of the fire departr	nent for the above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	ING AUTHORITY
· · · · · · · · · · · · · · · · · · ·			
DATE:			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMB	BER: 026602665	CITY OR TOWN DARTMOUTH					
APPLICATION FOR RENEWAL:		Annual	LICENSED FOR 2013				
		CLASS		YEAR			
LICENSEE NAM	E: MAGGIE DUNI	N RESTAURANT					
DOING BUSINES	SS A THE SALT LC	OFT					
ADDRESS 246 E	LM STREET						
CITY/TOWN: D	OARTMOUTH	STATE: MA	ZIP CODE: 027	47			
	ANAGAN, T OSEPH P.	YPE OF LICENSE: Res	taurant CATEG	ORY: All Alcohol			
EMAIL ADDRES	SS:						
PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS							
DESCRIPTION OF LICENSED PREMISES:							
BUILDINGTH AREA OF245 SQ	E MAIN AREA CON	NSISTING OF A DINING AREA FOR KITCHEN	CONSISTING OF A SING IG ROOM OF719 SQ FT N AND STORAGEBAI	A BAR			
I hereby certify and swear under penalties of perjury that:							
1. the renewed license will be of the same type for the same premises now licensed;							
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and							
	_		=	s; and			
	_	ith all laws of the Comn for business (If not expla	=	s; and			
	emises are now open f		in below)	s; and			
3. the pre	emises are now open f	for business (If not expla	in below)	s; and			
3. the pre	emises are now open f	for business (If not explain	rate Officer				
3. the pre	emises are now open f	for business (If not expla	rate Officer EMPLOYER IDEN	FIFICATION NUMBER: Social Security Number)			
3. the pre SIGNED BY DATE: We the undersig Acts of 2004, sign	Individual, Partr TELEPHO	or business (If not explain the composition of Authorized Corposition of Number: The in possession (1) the inspector and the head	rate Officer EMPLOYER IDEN	TIFICATION NUMBER: Social Security Number) Chapter 304 of the for the above			
3. the pre SIGNED BY DATE: We the undersig Acts of 2004, signamed license ar	Individual, Partr TELEPHO	or business (If not explain the composition of Authorized Corposition of Number: The in possession (1) the inspector and the head	e certificate required by	TIFICATION NUMBER: Social Security Number) Chapter 304 of the for the above ter 116 of the Acts			
3. the pre SIGNED BY DATE: We the undersig Acts of 2004, signamed license ar of 2010.	Individual, Partr TELEPHO	or business (If not explain the composition of Authorized Corposition of Number: The in possession (1) the inspector and the head	EMPLOYER IDENT (Note: NOT Individual e certificate required by l of the fire department france required by Chapt	TIFICATION NUMBER: Social Security Number) Chapter 304 of the for the above ter 116 of the Acts			
3. the pre SIGNED BY DATE: We the undersig Acts of 2004, signamed license are of 2010. Please Check Below: APPROVED: DISAPPROVED:	Individual, Partructure TELEPHO aned, attest that we aned by the building and (2) the certificate	or business (If not explain the composition of Authorized Corposition of Number: The in possession (1) the inspector and the head	EMPLOYER IDENT (Note: NOT Individual e certificate required by I of the fire department france required by Chapt	TIFICATION NUMBER: Social Security Number) Chapter 304 of the for the above ter 116 of the Acts			
3. the pre SIGNED BY DATE: We the undersig Acts of 2004, signamed license ar of 2010. Please Check Below: APPROVED:	Individual, Partructure TELEPHO aned, attest that we aned by the building and (2) the certificate	or business (If not explain the composition of Authorized Corposition of Number: The in possession (1) the inspector and the head	EMPLOYER IDENT (Note: NOT Individual e certificate required by I of the fire department france required by Chapt	TIFICATION NUMBER: Social Security Number) Chapter 304 of the for the above ter 116 of the Acts			
3. the pre SIGNED BY DATE: We the undersig Acts of 2004, signamed license are of 2010. Please Check Below: APPROVED: DISAPPROVED:	Individual, Partructure TELEPHO aned, attest that we aned by the building and (2) the certificate	or business (If not explain the composition of Authorized Corposition of Number: The in possession (1) the inspector and the head	EMPLOYER IDENT (Note: NOT Individual e certificate required by I of the fire department france required by Chapt	TIFICATION NUMBER: Social Security Number) Chapter 304 of the for the above ter 116 of the Acts			